



Summer Camp for Children with Fetal Alcohol Spectrum Disorder
2011

The camp where children with FASD can be themselves!

| | |
|---|--|
| For Who? | For children 7 to 17 years of age with Fetal Alcohol Spectrum Disorder. |
| When? | Camps run MONDAY 1pm to FRIDAY 7pm. |
| <i>(Please check which camp your child would like to attend)</i> | <input type="checkbox"/> Camp 1: July 4- 8, 2011 <ul style="list-style-type: none"> • Boys Ages 7 - 10 <input type="checkbox"/> Camp 2: July 11- 15, 2011 <ul style="list-style-type: none"> • Girls Ages 7- 10 <input type="checkbox"/> Camp 3: July 18 -22, 2011 <ul style="list-style-type: none"> • Boys Ages 11 - 13 <input type="checkbox"/> Camp 4: July 25- 29, 2011 <ul style="list-style-type: none"> • Girls Ages 11 - 13 <input type="checkbox"/> Camp 5: August 8- 12, 2011 <ul style="list-style-type: none"> • Boys 14 – 17 <input type="checkbox"/> Camp 6: August 15- 19, 2011 <ul style="list-style-type: none"> • Girls 14 – 17 |
| Where? | Camp Coinda, Cold Lake, AB |
| How Much? | \$500.00 per child |
| Registration Deadline | Full payment or confirmed payment arrangement must be accompanied with completed application forms. <i>If funding is an issue, please contact the Lakeland Centre for FASD for assistance.</i> |

Return Camp Packages to:

LCFASD

Box 479

Cold Lake, AB T9M 1P1

Fax: 780-594-9907

E-mail: admin@lcfasd.com

Lakeland FASD Summer Camp

Camp Registration - 2011

Camper's Information

| | |
|---|-----------|
| Name: | |
| Mailing Address: | City: |
| Postal Code: | Phone: |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Birthday: |
| Medical Conditions: | |

Emergency Information:

Primary Contact:

Name: _____ Relationship to camper: _____

Home Phone: _____ Alternate Phone: _____

Will you be away from these numbers during the campers stay: Yes No

Where will we be able to contact you in case of an emergency:

Alternate Contact:

Name: _____ Relationship to camper: _____

Home Phone: _____ Alternate Phone: _____

Address: _____

Personal physician: _____

Office Address: _____

Telephone: (Bus.) _____ (Cell/Pager) _____

Alberta Health Care Number: _____

Social Worker (if applicable): _____

Telephone: (Bus.) _____ (Cell/Pager) _____

Specific Information:

Child's Diagnosis: _____

What are your child's secondary disabilities? (Please check all that apply)

- Sensory issues
- Fine Motor Difficulties
- Visual Perceptual Motor
- Depression
- Anxiety
- ADHD
- ADD
- ODD
- Conduct Disorder
- Other mental Health
- Medical Issues
- Abstract Reasoning
- Receptive Language
- Expressive Language
- Social Language
- Cognitive Deficits
- Slow Processing
- Developmental Disability
- Learning Disability
- Academic Deficits
- Memory Disorder
- Articulation Difficulties
- Others _____

Medical History

Check if prone to any of the following conditions:

- Fainting
- Asthma or Respiration Problems
- High Blood Pressure
- Heart Problems
- Others: _____

Does your child have frequent problems (e.g. colds, infections, sores, headaches, diarrhea, upset stomach, etc)?

Yes No

If yes, please explain: _____

Please list your child's allergies and their symptoms (If Epi-pen is required, it **must** accompany the camper ie: bees, wasps, peanuts etc).

How should staff respond to the above symptoms?

Does your child have any issues we should be aware of? Please provide details.

Does your child take medication? Please specify

| <u>Type</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Self Medicating</u> |
|-------------|---------------|------------------|------------------------|
|-------------|---------------|------------------|------------------------|

Does your child have any other special needs that the camp should be aware of? Please explain.

Please specify all unique behavioral traits your child may experience. (Ex. Violent reactions, attention seeking, temper tantrums)

Does your child require a special diet? Yes No

If yes, please specify:

I, the undersigned, declare that the above information is complete and true to my knowledge.

Signature of Parent/Guardian

Date

Photography Agreement

To be completed by a parent or legal guardian.

Name of Camper: _____

Address: _____ Postal Code _____

Birth date: _____

I hereby give permission for photos to be taken of my child/ren listed above to be used in displays, newsletters, etc. promoting FASD camps.

Or

I do **not** give permission for photos to be taken of my child/ren listed above to be used in displays, newsletters, etc. promoting FASD camps.

Signature of Parent/Guardian

Date

Phone Numbers: (Bus.) _____ (Res.) _____

Horseback Riding Waiver

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Under the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of:

_____, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips or riding instruction provided by the "Host" to the Infant Participant.

Initial Each Item below after Reading and Understanding each item:

1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that his waiver be binding on myself and the Infant Participant for all legal purposes.
2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
 - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
 - (a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

Please Print Clearly

Infant Participant's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

Parent/Guardian's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

(Signature of Parent/Guardian of Infant Participant) _____ Signed this _____ day of _____, 20____

(Print Name of "Host" Witness to Signing and Initialing) _____ (Signature of "Host" Witness) _____

Participation Agreement

To be completed by a parent or legal guardian.

Name of Camper: _____

Address: _____ Postal Code _____

Birth date: _____

- ✓ I am aware that due to the nature of the activities involved i.e. swimming, canoeing, horseback riding, nature walks, possible injuries may occur while at camp I release the Lakeland FASD Society, Lakeland FASD Summer Camp, and all representatives of either organization of any and all liability for injuries or accidents at camp.
- ✓ If such injury should occur, I consent and authorize any medical and/ or hospital care deemed necessary.
- ✓ I consent and authorize the administration of my child's regular medication (if applicable).

Signature of Parent/Guardian

Date

Phone Numbers: (Bus.) _____ (Res.) _____

Medical Release Form

I _____ hereby permit my child
_____ to be administered any of the following
medications by the staff if necessary.

Benadryl Allergy Formula
(Children)

Benylin Cough and Cold
(Children)

TUMS (Regular Strength)

After-Bite (Children)

Polysporin (Children)

Regular Strength
Acetaminophen (Tylenol)

Children's Tylenol Meltaways

Calamine Lotion

Regular Strength Ibuprofen
(Advil)

Rubbing Alcohol

Halls (Cough Suppressant)

I _____ do NOT allow my child
_____ to be administered any additional medication while at
camp.

Signature of Parent/Guardian

Date

Vision Statement:

The Lakeland FASD Society is a not for profit organization that operates this summer camp for children diagnosed with FASD to provide positive summer experiences for these children and to provide their families with trustworthy respite.

Health & Safety:

Health and safety are emphasized at all times at Lakeland Summer Camp. Basic health care is given at the camp and a hospital is only 20 minutes away. All campers must have medical coverage.

Included at camp:

All meals while at camp will be based on the Canada Food Guide. There will be no candy or pop provided. Housing is provided in a bunk house style with camp leaders staying in the same room. Uses of all recreational activities are included such as field trips, trips to the riding stables, etc.

Cancellation Policy:

With each application there will be a \$50.00 processing fee which is non-refundable.

Fee Information

For Parents:

The local Child & Family Services department has a program called: Family Supports for Children with Disabilities (FSCD) which may assist you in covering the costs to attend camp. This applies to families who live on reserve also.

Contact within the Lakeland

Angie Pinder

St.Paul, Lac La Biche-(780) 645-6370

Theresa Ouellette

Cold Lake, Bonnyville- (780) 826-3324

For contact info outside the Lakeland call your local CFSA office.

For Foster Parents:

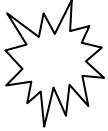
The Alberta Foster Parent Association & Alberta Children Services announced the following rate increases for a foster parent, effective April1, 2007

- A \$100 per year increase to the recreation allowance for all children in care, which brings the allowance up to \$625 per year for children up to the age 11 and \$725 per year for children between the ages of 12-17
- A \$100 per year increase to vacation/camp allowance for all children in care. The vacation/camp allowance is now \$425 per year for all children in care.

Other Options:

It is the Lakeland Centre for FASD's goal for your child to attend camp. If finances are an issue please talk to us about this as we have some private options for rare situations. We do not want funding to be a barrier to your child's participation.

What is your payment option? (Please list all contributors):



Campers Check List

Campers will need to bring the following:

- Pillow
- Sleeping bag
- Tooth brush
- Tooth paste
- Hair brush
- 6 underpants
- 6 pairs of socks
- 3 pairs of pants
- 3 shorts
- 6 T-shirts
- 1-2 Sweat shirts/ sweaters
- Comfortable running shoes
- Rubber boots
- Swimming suit (or 2)
- Towel
- Soap
- Pajamas
- Flashlight

** Please label all articles with your camper's name(s) **

Drop off at Camp: MONDAY at 1:00 pm

Pick Up: FRIDAY at 7:00 – 8:00 PM

Do NOT bring to camp:

- Game boys or similar items
- Walkman's
- MP3 players
- Cameras
- Money

Medication

All medication must be labeled with name of child & medication from the drug store.

Camp Dates

- Camp 1: July 4- 8, 2011
 - Boys Ages 7 - 10
- Camp 2: July 11- 15, 2011
 - Girls Ages 7- 10
- Camp 3: July 18 -22, 2011
 - Boys Ages 11 - 13
- Camp 4: July 25- 29, 2011
 - Girls Ages 11 - 13
- Camp 5: Aug. 8- 12, 2011
 - Boys 14 – 17
- Camp 6: Aug. 15- 19, 2011
 - Girls 14 – 17

**NOTE
DROP OFF/
PICK UP
TIME**